



# Michigan Department of Agriculture

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## Food Service Program Cycle 4 Assessment Forms

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Food & Dairy Division  
Michigan Department of Agriculture  
PO Box 30017  
Lansing, MI 48909  
Ph: (517) 373-1060

February 8, 2008

**Food Service Assessment Forms** Agency:

Review Dates: / / Review Period: / / - / / Reviewer(s): Initial Visit / Revisit

**Executive Summary**

MPR	Status		Findings
	M/MC	NM/NA	
<b>Plan Review</b>			
1			
<b>Evaluations</b>			
2			
3			
4			
5			
6			
7			
8			
<b>Records</b>			
9			
<b>Enforcement</b>			
10			
11			
12			
13			
14			
15			
<b>Staff Training &amp; Qualifications</b>			
16			
17			
18			
<b>Foodborne Illness Investigations</b>			
19			
20			
<b>Important Factors - Not Used To Determine Accreditation Status</b>			
	M	NA	
<b>Industry and Community Relations</b>			
IF 1			
<b>Continuing Education for Regulatory Staff</b>			
IF 2			
<b>Program Support</b>			
IF 3			
<b>Quality Assurance Program</b>			
IF 4			

M= Met  
 MC= Met with Conditions  
 NM= Not Met  
 NA= Not Applicable

**NOTE: Remember that CPA's must be written in the six element format described in Annex 1.**

## MPR Summary

### MPR 1 Plan Review Summary

\_\_\_\_\_ of \_\_\_\_\_ files had **80% Compliance**

**MET**

**NM**

\_\_\_\_\_ % **compliance rate. 80% required.**

Specifics (Problem and number of times it occurred):

### MPR 2 Pre-Opening Evaluations

**MET**

**MC**

**NM**

\_\_\_\_\_ of \_\_\_\_\_ files had no problems.

\_\_\_\_\_ % **compliance rate. 80% required.**

Specifics (Problem and number of times it occurred):

### MPR 3 Evaluation Frequency

**MET**

**MC**

**NM**

#### Method 1 (Calculated from files)

A. Number of facilities in sample meeting evaluation frequency: \_\_\_\_\_

B. Number of facility files reviewed: \_\_\_\_\_

C. **Percent of files meeting evaluation frequency  $\{(A/B) \times 100\}$ :** \_\_\_\_\_ % (MET  $\geq 80\%$ , if  $< 80\%$  complete D-F)

D. Number of **evaluations** conducted on time from all files reviewed: \_\_\_\_\_

E. Number of **evaluations** that should have been conducted: \_\_\_\_\_

F. **Percent of required evaluations completed  $\{(D/E) \times 100\}$ :** \_\_\_\_\_ % (MC = C  $< 80\%$  & F  $\geq 80\%$ )

ERBIS in place for this time period: \_\_\_\_\_ to \_\_\_\_\_

#### Method 2 (Calculated from summary of all evaluations performed)

A. Number of routine **evaluations** completed during review period \_\_\_\_\_

B. Number of routine **evaluations** due during review period \_\_\_\_\_

**Percent  $\{(A/B) \times 100\}$**  \_\_\_\_\_ %

☐ ERBIS in place for this time period: \_\_\_\_\_ to \_\_\_\_\_

### MPR 4 Vending Evaluation Frequency

**MET**

**NM**

Department's **Evaluation** plan:

☐ Every 6 months

☐ 1/3<sup>rd</sup> each year

☐ 1/10<sup>th</sup> each 6 months

Summary

A. # of vending location files that meet frequency	
B. # of vending location files reviewed	
C. Percent Compliance $\{(A/B) \times 100\}$ <b>80% required</b>	%

Comments:

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**MPR 5 Temporary Food Service****MET MC NM**\_\_\_\_ of \_\_\_\_ files had no problems.Compliance = \_\_\_\_\_% **80% required.****MPR 6 Evaluation Procedures****MET MC NM**A. Files w/6 MET: \_\_\_\_ Fixed/Mobile/STFU/Vending + \_\_\_\_ Temporary files = \_\_\_\_ Total files w/no prob.  
\_\_\_\_ Total files w/ no problems / \_\_\_\_ Total files reviewed = \_\_\_\_\_% Compliance. **80% required for MET****B. If compliance =<80% And Problems Noted Were Due Only To Clerical Omissions (See Examples Asterisked Below), Re-Calculate:**

\_\_\_\_ files w/no violation ID problems / \_\_\_\_ Total files=\_\_\_\_% Compliance.

If A is close to 80% and B is ≥ 80% and approved forms are used, 6 is rated **MC**

Evaluation problem specifics	Fixed/Mobile/STFU	Temporary	Vend	Total
The # of times each problem was found from all evaluations reviewed. Total insp. reviewed=_____	#	#		#
Department uses unapproved <b>evaluation</b> form				
* Administrative info. not complete on <b>evaluation</b> form				
Findings do not properly document and ID: C and NC				
Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message				
Narrative does not state violations observed and corrections needed				
Correction time frames not specified				
Info. about corrective action is not described on the <b>evaluation</b> report				
* Report not signed and/or dated by Sanitarian		Noted under MPR 5		
* Report not signed by establishment representative				

**MPR 7 FIELD- Interventions/Risk Factor Violations****MET MC NM****MPR 8 FIELD- Evaluations Result in food Code Compliant Establishments****MET MC NM****MPR 9 Records****MET MC NM**

Plan review \_\_\_\_ of \_\_\_\_

Vending \_\_\_\_ of \_\_\_\_

TFE \_\_\_\_ of \_\_\_\_

MPR 6 \_\_\_\_ of \_\_\_\_

Complaints \_\_\_\_ of \_\_\_\_

FBI \_\_\_\_ of \_\_\_\_

**MPR 10 Written Enforcement Policy, Proper Use****MET MC NM**\_\_\_\_ of \_\_\_\_ files had no problems.Compliance % \_\_\_\_\_ **80% required + acceptable policy**

Enforcement Policy Comments:

**MPR 11 Unauthorized Construction - Stop Work Order Usage****MET MC NM**

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**MPR 12 Follow-Up Evaluation****MET****NM****A. Number Of Files With  $\geq 80\%$  Of Required Follow-Ups Completed With/In 30 Days And Critical Corrections Noted** \_\_\_\_\_**B. Number Of Files In Sample** \_\_\_\_\_**Percent Compliance  $\{(A/B) \times 100\}$  80% Required** \_\_\_\_\_**MPR 13 License Limitations****MET****MC****NM**

No reason for limiting license \_\_\_\_\_

Proper notice not provided \_\_\_\_\_

License application not appropriately completed \_\_\_\_\_

**MPR 14 Variances****MET****MC****NM**

Special processing methods \_\_\_\_\_

Request in file ? \_\_\_\_\_

Citing relevant code section numbers ? \_\_\_\_\_

Department has formal procedure for issuing variance ? \_\_\_\_\_

Staff following procedure ? \_\_\_\_\_

**MPR 15 Complaint Investigation****MET****MC****NM**\_\_\_\_\_ of \_\_\_\_\_ files had no problems.Compliance % \_\_\_\_\_ **80% required****MPR 16 New Staff- Academic Training in 6 Areas****MET****MC****NM****MPR 17 New Staff- Evaluations with Standardized Trainer****MET****MC****NM****MPR 18 Other Staff- Training for Mobile, STFU, Vending and TFE****MET****MC****NM****MPR 19 Foodborne Illness Investigations Conducted****MET****MC****NM**\_\_\_\_\_ of \_\_\_\_\_ files had no problems.Compliance % \_\_\_\_\_ **80% required**

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**MPR 20 Foodborne Illness Procedures****MET MC NM****Important Factor I- Industry and Community Relations****MET NA**☐ Department not attempting to meet this IF**Important Factor II - Continuing Education of Regulatory Staff****MET NA**☐ Department not attempting to meet this IF**Important Factor III- Program Support****MET NA**☐ Department not attempting to meet this IF# licensed establishments \_\_\_\_\_/150 = **A.** \_\_\_\_\_ recommended number FTE's  
/225 = **B.** \_\_\_\_\_ minimum number FTE's# temporary licenses issued \_\_\_\_\_/300 = **C.** \_\_\_\_\_ FTE's needed for temporary evaluation**D.** Total Minimum FTE's (B+C)= \_\_\_\_\_ **E.** Total Recommended FTE's (A+C)= \_\_\_\_\_**F.** Actual FTE's assigned to FS program \_\_\_\_\_**Met if:**☐ **F** ≥ **E****Important Factor IV- Quality Assurance Program****MET NA**☐ Department not attempting to meet this IF☐ Written quality assurance program developed☐ Quality assurance review conducted every 24 months☐ At least 10 inspection reports for each sanitarian's food insp. or FBI records have been reviewed☐ Every employee assigned to program has completed 2 joint inspections with trainer every 24 months

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Vending MPR 4,6,9

Company \_\_\_\_\_ Location \_\_\_\_\_

Date OF INSPECTION	Activity Type	Freq. complies	App./ License/ Year DATE SIGNED	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company \_\_\_\_\_ Location \_\_\_\_\_

Date OF INSPECTION	Activity Type	Freq. complies	App./ License/ Year DATE SIGNED	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company \_\_\_\_\_ Location \_\_\_\_\_

Date OF INSPECTION	Activity Type	Freq. complies	App./ License/ Year DATE SIGNED	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company \_\_\_\_\_ Location \_\_\_\_\_

Date OF INSPECTION	Activity Type	Freq. complies	App./ License/ Year DATE SIGNED	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Company \_\_\_\_\_ Location \_\_\_\_\_

Date OF INSPECTION	Activity Type	Freq. complies	App./ License/ Year DATE SIGNED	4 M NM	Notes 6 M NM	9 M NM	MPR	Problem
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y
	R FU E							Y

Vend. Location files that meet freq.=\_\_\_\_\_ Total vend. locations reviewed=\_\_\_\_\_ %=\_\_\_\_\_

Review Dates:    /    /    Review Period:    /    /    –    /    /    Reviewer(s):    Initial Visit / Revisit

Note: Put letters in boxes as licenses are reviewed.

5	a.	Evaluated prior to licensure, but not in advance of event being ready for evaluation.
	b.	Application has sections A,B, food column of F and attachment A (when used) completed plus have application, inspection and license approval date plus sanitarian signature
	c.	License issued with no unresolved critical violations
6		See list in MPR indicator guide
9		Record retention adequate time. Files can be located for review.

Office	Year	License #	5	6	specific problem noted	# Reviewed/ issued:
						Year:
						Year:
						Year:
						Year:
						Notes (put MPR 9 problems here):



Review Dates:    /    /    Review Period:    /    /    –    /    /    Reviewer(s):    Initial Visit / Revisit

Review Dates:    /    /    Review Period:    /    /    –    /    /    Reviewer(s):    Initial Visit / Revisit

## MPR 15 Consumer Complaint Worksheet

Complaint ID	15 Log maintained & records available for review		15 Results recorded (or justification for no investigation)	15 Working Days from Receipt to Start of Investigation (Max. 5 working days allowed)	Met
					Not Met
					Problem
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
					Y
Total					
%					

**Notes:**

## MPR 16 Staff Technical Training

Have new staff assigned to program during review period completed training in following within 12 months of assignment: 1. public health principles, 2. communication skills, 3. microbiology, 4. epidemiology, 5. food law, food code, related policies, 6. HACCP.

## MPR 17 Fixed Food Service Evaluation Skills

Have new staff completed 25 joint training evaluations with standardized trainer, 25 independent evaluations reviewed by trainer, 5 evaluation inspections with trainer and have endorsement of trainer.

## MPR 18 Specialty Food Service Inspection Skills

Do newly assigned staff conducting mobile, STFU, vending or temporary inspections have endorsement by supervisor?

## Review Dates: / / Review Period: / / – / / Reviewer(s): Initial Visit / Revisit

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## MPR 19 & 20 Foodborne Illness Investigations Worksheet

Complaint ID	20 Complaint on log / Log Review Timely?		20 IAFP Procedures Used?	19 Invest. Initiated within 24 hours?	19 If Outbreak, Report to MDA w/in 90 Days of Closure?	Problem
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
Total						
%						

20 - IAFP 5<sup>th</sup> edition on-site? \_\_\_\_\_

**Food Service Assessment Forms** Agency:

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**MPR's 1, 2, 6, 9, 11: Plan Review Worksheet**

Facility Name: \_\_\_\_\_ Type: \_\_\_\_\_ New Remodeled

License year:

Insp. Date:

Date License Signed:

Indicator	Item Required	Status*	Notes	Problem
1	Application / Transmittal letter (new 1/01)			Y
1	Menu (new 8/86)			Y
1	Layout (floor) Plan			Y
1	Plumbing Plan			Y
1	Ventilation Hood shown (full plans needed for STFU's, mobiles)			Y
1	Lighting Plan &/or Specifications			Y
1	Scaled Drawings			Y
1	Completed Worksheet			Y
1	Equipment Specifications			Y
1	SOP's (10/04) Either note on reviewer's checklist, SOP cover sheet or note on pre-opening insp.			Y
1	Reviewer's checklist used (1/04)?			Y
1	Applicant informed of deficiencies? Deficiencies resolved in writing or on revised plans. Is the flow between reviewer and applicant clear?			Y
1	Formulas calculated, documented for hot water, dry storage, refrigeration? (needed, proposed, justification for differences)			Y
1	Approval letter in file? Describe project scope & references. <b>A unique identifier (ie: Date) marked on the approved plans.</b>		Date:	Y
11	Was facility constructed prior to approval? (Note if approvals issued very close to or after opening inspection)			Y
11	Stop work order used as needed? Did department take appropriate action once it became aware of illegal construction?			Y
2	Facility opened with <b>NO</b> critical items pending?			Y
2	Pre-opening inspection in file?			Y
2	Is inspection marked approved to open?			Y
2	Inspection dated on or before license approval date?			Y
2	Inspection on regular inspection form, properly completed, dated and signed?			Y
12	Follow-up inspection on separate form?			Y
9	Records		Records retained for: _____ years	Y

✓=yes, x=no, NA=not applicable

**MPR**

1 MET NM  
2 MET NM  
9 MET NM  
11 MET NM

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**MPR's 3, 6, 9, 10, 12 Facility Folder Worksheet**

3 Routines: done- late= DONE / DUE= % Compliance Routine = M NM

12 FU: done- late= DONE/ DUE= % Compliance FUP = M NM

6 Eval. w/o MPR 6 errors/ Total Inspections = % Compliance Insp. = M NM

9 M NM 10 M NM

Facility Name: Type: Fixed Mobile STFU

Dates	Activity Type	Routine Freq.	Time Between	Notes	MPR	Problem
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y

License Year	License in File?	Date App. Signed	Findings	MPR	Problem
0					Y
0					Y
0					Y

C Critical Violation OC Office Conference  
 CATOI Corrected at time of inspection IH Informal Hearing  
 R Routine Inspection Enf Enforcement Action  
 FU Follow-up inspection V Violation

**Routine Frequency:** List the # of months scheduled between inspections (6,12,18 months or S for seasonal).**Time Between**

Routine Inspection: List time (months) since last routine inspection if &gt;1 month overdue.

Follow-up: List time in days from the most recent routine inspection or previous follow-up if > 30 days. Note when no FU or ENF was done when a FU or ENF was necessary. Note yes under problem when the routine is >1 month overdue for, if seasonal is not done once each operation period or the follow-up is >30 days. **Notes:** List any problem with inspections/licenses found. Note variances and if properly done. Files with no follow-ups due receive a met.

Review Dates:    /    /    Review Period:    /    /    –    /    /    Reviewer(s):    Initial Visit / Revisit

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	<b>Facility File Sample Size:</b>	<b>Plan Review Sample Size:</b>
<b>Office:</b>		
<b>Field:</b>		

[illegible]

**Office Worksheet – MPR 7, 8 (Field)****Establishment:** \_\_\_\_\_ **Est. #** \_\_\_\_\_ **LHD insp. dates:** \_\_\_\_\_

List LHD inspection notes on the Office Worksheet. Compare the MDA Field Inspection Report to the Office worksheet. Mark a corresponding box with an "X" if the LHD failed to identify a violation. Use a "√" if the LHD also identified the violation. Use a "⊗" if formal enforcement is underway.

**Interventions & Risk Factors****LHD Inspection Notes**

<b>Unsafe Source</b>		
<b>Approved Source*</b> <i>Receiving/condition, Shell stock tags/ records, parasite destruction, Wild game / mushrooms, highly susceptible pop.</i>		
<b>Poor Personal Hygiene</b>		
<b>Good Hygiene Practices-</b> <i>eating, drinking, smoking, tasting, discharge from eye/nose</i>		
<b>Handwashing*</b> – <i>hands washed, handwashing procedures, sinks provided, located</i>		
<b>Inadequate Cooking</b>		
<b>Cooking Time/temp*</b> <i>(all foods including roast), Reheating, Microwave cooking</i>		
<b>Improper Holding</b>		
<b>Date Marking*- Discarding*</b>		
<b>Holding Time/Temp*</b> <i>Cooling (hot or ambient), Hot/Cold Holding, Time as control</i>		
<b>Contaminated Equipment</b>		
<b>Food Contact Surfaces*-</b> <i>clean to sight &amp; touch, cleaning frequency,</i>		
<b>Sanitization:</b> <i>water temperature, chemical concentration, sanitizing after cleaning, manual/mechanical procedures</i>		

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<b>Establishment #</b> _____		
<b>Related Risk Factor</b>		
<b>Chemicals-</b> <i>food additives, sulfites, approved, approved labeling, storage, medications, pesticides, bait stations, first-aid kits</i>		
<b>Interventions</b>		
<b>Protection from Contamination</b> *- <i>separating raw from RTE/raw from raw, not re-served, consumer self serve, discarding adulterated food</i>		
<b>Preventing contamination from hands*</b> <i>No Bare Hand Contact</i>		
<b>Demonstration of Knowledge*</b> <i>includes duties</i>		
<b>Consumer Advisory</b>		
<b>Employee Health*</b> – <i>Ill Employee S/S, exclusion / restriction, reporting of,</i>		

**Good Retail Practices****LHD Inspection Notes**

<b>Food and Non-food contact surfaces-</b> <i>material, designed, operated, cleanable, maintenance, located, microwave safety, cutting surfaces</i>		
<b>Food</b> - <i>covered, storage location, segregated/distressed product, labeling, shucked shellfish labeling, condition, honestly presented, ice contact</i>		
<b>Food Protection-</b> <i>thawing, washing fruits/veg, plant food cooking, cooling methods, equip./utensil in-use storage</i>		
<b>Equip/Utensils</b> – <i>condition, materials, cleanliness, capacity, thermometer, ice storage/bins, preset tableware, handling, storage of clean, vented</i>		
<b>Warewashing-</b> <i>design, constructed, installed, located, operated, cleanable, test kit available/used, air drying</i>		

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<b>Establishment #</b> _____		
<b>Linens, Wiping Cloths, Sponges, Glove use</b>		
<b>Single Service / Single Use Items</b> -storage, dispensing, no reuse, handling of kitchen/tableware, display		
<b>Pest Control</b> –minimized, handling/prohibition of animals, outer openings, insect control devices		
<b>Water Supply/Cross-Connection</b> source, sampling, backflow prevention, approved devices, materials, maintained		
<b>Plumbing and Sewage</b> -Air gap/break, capacity, approved system, disposal of, service sink, material, filters, maintained		
<b>Toilet/Lav Facilities</b> - accessible, signs, hot water, soap, vent, towel, doors, covered receptacle		
<b>Personnel</b> – fingernails, jewelry, outer clothing, hair restraints		
<b>Physical Facility</b> – floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation living quarters, laundry		
<b>Garbage and Refuse Storage / Disposal</b> – maintenance, facilities, approved pad, lids		

Number of Risk Factor Violations Missed (“X”s): \_\_\_\_\_ PASS \_\_\_\_ FAIL\_\_\_\_\_

Individual Establishment: % = Percent of risk factor violations identified by LHD.

Example: One risk factor violation not identified = 93%.

**PASS:** 1 = 93%, 2 = 81%, 3 = 80%**FAIL:** 4 = 73%, 5 = 67%, 6 = 60%, 7 = 53%, 8 = 47%, 9 = 40%, 10 = 33%, 11 = 27%, 12 = 20%



## Field Review Worksheet – MPR 7, 8

Establishment: \_\_\_\_\_ Est # \_\_\_\_\_ CFM : Y N

## Interventions &amp; Risk Factors

## MDA Inspection Notes

<b>Unsafe Source</b>		
<b>Approved Source*</b> <i>Receiving/condition, Shell stock tags/ records, parasite destruction, Wild game / mushrooms, highly susceptible pop.</i>		
<b>Poor Personal Hygiene</b>		
<b>Good Hygiene Practices-</b> <i>eating, drinking, smoking, tasting, discharge from eye/nose</i>		
<b>Handwashing*</b> – <i>hands washed, handwashing procedures, sinks provided, located</i>		
<b>Inadequate Cooking</b>		
<b>Cooking Time/temp*</b> <i>(all foods including roast), Reheating, Microwave cooking</i>		
<b>Improper Holding</b>		
<b>Date Marking*- Discarding*</b>		
<b>Holding Time/Temp*</b> <i>Cooling (hot or ambient), Hot/Cold Holding, Time as control</i>		
<b>Contaminated Equipment</b>		
<b>Food Contact Surfaces*</b> – <i>clean to sight &amp; touch, cleaning frequency,</i>		
<b>Sanitization:</b> <i>water temperature, chemical concentration, sanitizing after cleaning, manual/mechanical procedures</i>		

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<b>Establishment #</b> _____		
<b>Related Risk Factor</b>		
<b>Chemicals-</b> <i>food additives, sulfites, approved, approved labeling, storage, medications, pesticides, bait stations, first-aid kits</i>		
<b>Interventions</b>		
<b>Protection from Contamination</b> *- <i>separating raw from RTE/raw from raw, not re-served, consumer self serve, discarding adulterated food</i>		
<b>Preventing contamination from hands*</b> <i>No Bare Hand Contact</i>		
<b>Demonstration of Knowledge*</b> <i>includes duties</i>		
<b>Consumer Advisory</b>		
<b>Employee Health*</b> – <i>Ill Employee S/S, exclusion / restriction, reporting of,</i>		

**Good Retail Practices****LHD Inspection Notes**

<b>Food and Non-food contact surfaces-</b> <i>material, designed, operated, cleanable, maintenance, located, microwave safety, cutting surfaces</i>		
<b>Food</b> - <i>covered, storage location, segregated/distressed product, labeling, shucked shellfish labeling, condition, honestly presented, ice contact</i>		
<b>Food Protection-</b> <i>thawing, washing fruits/veg, plant food cooking, cooling methods, equip./utensil in-use storage</i>		
<b>Equip/Utensils</b> – <i>condition, materials, cleanliness, capacity, thermometer, ice storage/bins, preset tableware, handling, storage of clean, vented</i>		
<b>Warewashing-</b> <i>design, constructed, installed, located, operated, cleanable, test kit available/used, air drying</i>		

**Food Service Assessment Forms** Agency:

Review Dates: / /

Review Period: / /

- / /

Reviewer(s):

Initial Visit / Revisit

<b>Establishment #</b> _____		
<b>Linens, Wiping Cloths, Sponges, Glove use</b>		
<b>Single Service / Single Use Items</b> -storage, dispensing, no reuse, handling of kitchen/tableware, display		
<b>Pest Control</b> –minimized, handling/prohibition of animals, outer openings, insect control devices		
<b>Water Supply/Cross-Connection</b> source, sampling, backflow prevention, approved devices, materials, maintained		
<b>Plumbing and Sewage</b> -Air gap/break, capacity, approved system, disposal of, service sink, material, filters, maintained		
<b>Toilet/Lav Facilities</b> - accessible, signs, hot water, soap, vent, towel, doors, covered receptacle		
<b>Personnel</b> – fingernails, jewelry, outer clothing, hair restraints		
<b>Physical Facility</b> – floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation living quarters, laundry		
<b>Garbage and Refuse Storage / Disposal</b> – maintenance, facilities, approved pad, lids		

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**Field Component Table MPR 7**

Establishment Name / #	Pass	Fail	Establishment Name / #	Pass	Fail

<b>Percent Pass</b>	
---------------------	--

Met\_\_\_\_\_ Met w/ Conditions\_\_\_\_\_ Not Met\_\_\_\_\_

**Met: 80% of LHD evaluations pass.****Met w/ Condition: 70 to 79% pass.****Not Met: Less than 70% pass.**

## Table MPR 8

### Establishment Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	%
<b>Risk Factor Categories</b>																											
<b>Unsafe Source</b>																											
Approve Source, not adulterated																											
<b>Poor Personal Hygiene</b>																											
Good Hygiene practice																											
Handwashing																											
<b>Inadequate Cooking</b>																											
Cooking T/T-(reheat & microwave)																											
<b>Improper Holding</b>																											
Date Marking & Discarding																											
Holding T/T-(hot/cold, cooling, time as control)																											
<b>Contamination/Equipment</b>																											
Food Contact Surfaces																											
Sanitization																											
<b>Related Risk Factors</b>																											
Chemical																											
<b>Interventions</b>																											
Protection from contamination																											
Hands Contamination NBH Contact																											
Demonstration of Knowledge																											
Consumer Advisory																											
Employee Health*																											
<b>Good Retail Practices</b>																											
Food & nonfood contact surfaces																											
Food																											
Food Protection																											
Equip / Utensils																											
Ware Washing																											
Linen Wiping Cloths																											
Single Service Single use																											
Pest Control																											
Water Supply/Cross-Connection																											
Plumbing and Sewage																											
Toilet/Lav. Facilities																											
Personnel																											
Physical Facility																											
Garbage, Storage/Disposal																											

**Food Service Assessment Forms** Agency:

Review Dates:   /   /   Review Period:   /   /   –   /   /   Reviewer(s):   Initial Visit / Revisit

**Grading for Table MPR 8:**

**“X”s**   denote violations found during the field evaluation by MDA

**“√”**   denote violations also identified by the LHD

**“⊗”**   denote violations for which formal enforcement is in progress (do not count towards determining % establishments in violation)

**“%”**   means percent of establishments in compliance

**Data is obtained from each establishment’s Office Worksheet for MPR 7 & 8.**

**Met** –All violation categories on Table MPR 8 are marked 60-100% in compliance.

**Met with Condition** – Any **Intervention or Risk Factor** violation category on table MPR 8 is marked 41-59% in compliance, **OR** one **Good Retail Practice** violation category is marked 0- 59% in compliance.

**Not Met** –Any **Intervention or Risk Factor** violation category on table MPR 8 is marked 0-40% in compliance, **OR** any two or more **Good Retail Practice** violation categories are marked 0-59% in compliance.

**This MPR is Met:** \_\_\_\_\_, **Met with Conditions** \_\_\_\_\_, **Not Met:** \_\_\_\_\_